



ANZGOSA Audit – Update for AGM (by A/Prof Sarah Thompson)

1. Primary Purpose of the Audit

Purpose = to improved quality and safety of Upper GI cancer surgery in Australia and New Zealand. The audit provides surgeons and hospitals an opportunity to benchmark their outcomes against a bi-national standard. The ANZGOSA Audit also fulfills the RACS Continuing Professional Development (CPD) Program (Category 1: Surgical Audit and Peer Review).

2. Current Steering Committee

- Sarah Thompson (Chair) (SA)
- Ross Roberts (NZ)
- Krishna Epari (WA)
- Iain Thomson (QLD)
- Ahmad Aly (VIC)
- Wendy Brown (VIC)
- George Kiroff (SA)
- Peter Cosman (NSW)
- Katherine Economides (RACS)
- Michelle Ogilvy (RACS)

3. Do members value the Audit?

Yes, a recent survey found that 93% of members believe it is important. There are currently 87 active user accounts, with a total of 2075 cases.

4. Progress over the past year

1. Improvements to Audit:

- Date format changed to dd/mm/yyyy
- Invalid password message implemented
- Ability to remove a hospital from My Hospital list
- Fields required for completeness identified. Cases can now be identified as 'incomplete' or 'complete'. Users notified of 'incomplete' cases. **Upcoming improvement**
- Length of stay report changed from mean to median **Upcoming improvement**

2. Institutional downloads:

- a. South Australia: as we run a Statewide Upper GI Cancer MDT overseen by 2 Upper GI Cancer Co-ordinators, we are able to capture the majority of patients onto an institutional database. We are currently downloading data to the ANZGOSA Audit q6 monthly.
- b. The Austin in Victoria: first successful download by Dr Ahmad Aly's team in July 2015. Hopefully to continue q6 monthly.
- c. Brisbane, QLD: successful download of all GIST cases since 1999 in May 2015.

3. **Complication Grading System**: Plan to convert Complication Grading system from the Accordion to the Clavien-Dindo in line with the international consensus. Script for conversion prepared by Ahmad Aly and Katherine Economides (see below). Our institution (Watson, Bright, Shenfine, Devitt, Game, myself, etc)

are in agreement with the conversion suggested & will convert our database prior to the next institutional download.

Accordion		Clavien-Dindo Equivalent	
1		I	
2		II	
3		IIIA	
4	Intervention Req GA Req	IIIB	
5	Single Organ failure	IVa	
		IVb	
6		V	

5. Funding for ANZGOSA Audit

Current funding (principal funding body = Novartis) will run out in December 2016. Current strategy is to write a formal business proposal (in draft form with Wendy and Ross), and for Ross Roberts to approach potential sponsors as president of ANZGOSA. Aim is to get 10 sponsors @ \$10,000 each. So far, one positive reply by Johnson & Johnson.

6. Current Research using the ANZGOSA Audit

i. Pattern of care manuscript on GISTs: As presented last year at the ANZGOSA meeting in Queenstown, a manuscript is currently being written (by S Thompson) to outline the incidence of GISTs in Australia/NZ using our bi-national audit. Given the relative rarity of GISTs, the bi-national ANZGOSA audit is ideally suited to determine disease burden, tumour characteristics, and treatment patterns of GISTs in Australia and New Zealand. And as a bonus, the study will hopefully demonstrate to potential sponsors the benefit of continuing to build our bi-national audit for all upper gastrointestinal cancers.

ii. Expression of Interest to the HCF foundation: Preparation of an evidence-based clinical practice guideline (CPG) on GISTs using the ANZGOSA Audit data (n = 339). Prioritisation steps include a review of current international guidelines (n = 1 from the UK), then development on a bi-national Australian and New Zealand CPG for the management of GISTs, in conjunction with ASERNIP-S.